

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

927

Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

FOR OFFICE USE ONLY

Postmark Date: 01/26/01

Ren. 2001

# 26078

\$110.00 WTS

1060241

1. NAME Ledet Stephen  
Last First MI

2. BUSINESS PHONE (225) 383-5554  
Area Code and Phone Number

3. BUSINESS ADDRESS 442 Europe St., Baton Rouge, LA 70802  
Street and No. City State Zip

MAILING ADDRESS P. O. Drawer 4289, Baton Rouge, LA 70821  
Street and No. City State Zip

4. EMPLOYER Louisiana Trial Lawyers Association

5. EMPLOYER'S ADDRESS 442 Europe St., Baton Rouge, LA 70802  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Trial Lawyers Association

Address 442 Europe St., Baton Rouge, LA 70802

Business or purpose voluntary bar association

Does this person pay you? YES

If No, who pays you? N/A

RECEIVED  
JAN 26 2001  
OFFICE OF THE  
CLERK OF THE  
BOARD OF ETHICS

HAND DELIVERED

# LOBBYING REGISTRATION FORM

927 Lobbyist's Registration Number
---------------------------------------

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

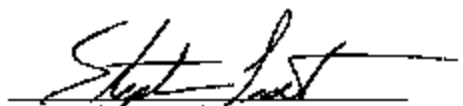
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY